

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 100500289	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1	1					51					
2		1					52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11		1					61					
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41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
<b>TOTAL IND.</b>							<b>TOTAL IND.</b>					
<b>TOTAL DEP.</b>							<b>TOTAL DEP.</b>					
<b>TOTAL CLAIMS</b>							<b>TOTAL CLAIMS</b>					